"ICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

Leclamesteres, Rec.



· CONFIRMATION / REQUEST FOR DISCLOSURE On DEQ RECORDS

Under The Freedom Of Information Act
(This information is required under Authority of Act 442, P. A. 1976 as amended in order to request public records information)

ALL INFORMATION MUST	BE TYPED OR P	RINTED EXCEPT F	OR WRITTEN SIGNATURES
Company Name (If Applicable) Or Organization (If Any)	<u> </u>		Business Phone #
Ball Environmental Associates			Area Code (231) 933-8400
Requester's Name			Daytime Phone #
Natasha Lapinski			Area Code ()
Address (Street And Number)		•	Home Phone #
232 E. Front Street, Suite 7			Area Code ()
City	State	Zip Code	Social Security Or Federal Id No.
Traverse City	MI	49684	
I wish to receive a copy of the following materials: (Provide detailed descriptions of materials being requested Any documents submitted after July 2001 for Win Grand Traverse County.			
			US EPA RECORDS CENTER REGION 5 523355
I hereby request a waiver or reduction in fees as provide	ded in Section 4(1)) of F.O.I.A. because	I am indigent or receive public assistance. (Attach proof)
understand that if it is determined that some or all of the	materials which I	have requested to re	to the diverse locations or large volume of the material. I view or have copied may not be disclosed, I will receive a and that I may be charged with costs associated with this Date
organization of recognization (in available)			
Please submit this completed confirmation	/ request to:		
WASTE MANAGEMENT DIVISION			TELEPHONE NO.: (231) 775-3960
MICHIGAN DEPARTMENT ENVIRONM 120 W. Chapin Street Cadillac MI 49601	ENTAL QUALITY		FAX NO.: (231) 775-1551
If you have any questions regarding this	s request pla	ease contact:	
Division/Office Name	. oquout, pr	Jago Jonitage	Unit
Waste Management Division			Cadillac District Office
DEQ Employee Name			Telephone No.
Tammy L. Blaszak, FOIA Liaison		<u> </u>	Area Code (231) 775-3960 Extension 6702
Date this request was completed:	FO	R DEPARTMENT	OF ENVIRONMENTAL QUALITY USE ONLY
04-04-02	1 - 11		by the DEQ division/office employee fulfilling this request
	<u> </u>	Detail of Charges	INDEX
	Labor	\$ 4.95	33820
-THIS IS NOT A BILL-			PCA
-IIIIO IO IAO į A DILL-	Labor	\$	45501
Vou will be involved	11		AGENCY OBJECT
You will be invoiced	Copying	\$ 4.25	∥ ∥8857

separately for any charges listed.

Labor	Detail of Charges \$ 4.95	INDEX 33820
Labor	\$	PCA 45501
Copying	\$ 4.25	AGENCY OBJECT 8857
Mailing	\$ 3.65	PROJECT
TOTAL	\$ 12.85	PHASE

BALLENVIRONMENTALASSOCIATES

D6-02-373

April 1, 2002

FOIA Officer
WMD
Michigan Department of Environmental Quality
120 W. Chapin. St
Cadillac, MI 49601

RE: FOIA request for documents related to Williamsburg Receiving and Storage, 10190 Munro Rd., Whitewater Township, Grand Traverse County, Michigan

Dear Ms. Martin,

Per the Freedom of Information Act, I would like to request any documents submitted to your office after July 2001 for Williamsburg Receiving and Storage, 10190 Munro Rd., Whitewater Township in Grand Traverse County. This request is for the relevant documents from Waste Management Division. Please send copies of these documents to the below address.

If you have any questions regarding this request please contact me a (231)933-8400 or bea@freeway.nct. Thank you.

Sincerely,

Ball Environmental Associates, L.L.C.

Natasha Lapinski

Biologist/Project Manager

File #1002-09

BALL ENVIRONMENTAL ASSOCIATES, LL.C. 232 E. Front St., Suite 7 Traverse City, Michigan 49684 ph: 231.933.8400 fx:231.933.8406 bea@freeway.net



"CHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

CONFIRMATION / REQUEST FOR DISCLOSURE OF DEQ RECORDS

Under The Freedom Of Information Act (This information is required under Authority of Act 442, P. A. 1976 as amended in order to request public records information)

ALL INFORMATION MUST BE T	YPED OR PRINTED EXCEPT FOR WRIT	TEN SIGNATURES
Company Name (If Applicable) Or Organization (If Any)	Тв	Business Phone #
Ball Environmental Associates LLC	1 "	vrea Code (213-256-7824)
Requester's Name		Paytime Phone #
Christopher P. Grobbel	Α.	vrea Code ()
Address (Street And Number)		Iome Phone#
	A	rea Code ()
City	State Zip Code S	ocial Security Or Federal Id No.
I wish to examine receive a copy of the following materials: (Provide detailed descriptions of materials being requested and spe	ecify number of copies needed of each) (Al	ttach additional sheets if necessary)
Review files for Williamsburg Receiving & Storage 2001.		se County, Michigan on January 22,
Copies of files as n	otel.	
Exemption 6 redactions	-	
I hereby request a waiver or reduction in fees as provided in Se	ction 4(1) of F.O.I.A. because I am indigen	nt or receive public assistance. (Attach proof)
I understand the DEQ may take 10 additional business days, if understand that if it is determined that some or all of the materials denial including the reason for denial and explaining my right to approximate the support of Requester (If available)	which I have requested to review or have	copied may not be disclosed, I will receive a written
Please submit this completed confirmation / re-	nuest to:	, ,
WASTE MANAGEMENT DIVISION		IONE NO - / 224) 775 2020
		IONE NO.: (231) 775-3960
MICHIGAN DEPARTMENT ENVIRONMENTAL 120 W. Chapin Street	FAX NO.	.: (231) 775-1551
Cadillac MI 49601		
If you have any questions regarding this rec	uest, please contact:	
Division/Office Name		Unit
Waste Management Division		Cadillac District Office
DEQ Employee Name		Telephone No.
Tammy L. Blaszak, FOIA Liaison		Area Code (231) 775-3960 Extension 6702
Date this request was completed:	FOR DEPARTMENT OF EN	/IRONMENTAL QUALITY USE ONLY
January 17, 2001	This section to be completed by the D	EQ division/office employee fulfilling this request
	Detail of Charges	INDEX
	Labor \$	33820
-THIS IS NOT A BILL-		PCA
	Labor \$	45501
You will be invoiced		AGENCY OBJECT
	Copying \$	8857
separately for any		PROJECT
charges listed.	Mailing \$	
	TOTAL	PHASE
	TOTAL \$	

EQP 1046E (Rev 10/97)



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

CONFIRMATI / REQUEST FOR DISCLOSURE OF

Under The Freedom Of Information Act

(This information is required under Authority of Act 442, P. A. 1976 as amended in order to request public records information) ALL INFORMATION MUST BE TYPED OR PRINTED EXCEPT FOR WRITTEN SIGNATURES

that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explaining my right to appeal. I also understand that I may be charged with costs associated with this request. Signature of Requester (if available)	Company Name (If Applicable) Or Organization (If Any)		Business Phone #
Degine Prince 8 Ana Code () — Address (Breat ACT Number) Cry Cry Cry Cry Cry Cry Cry C			
Interest Interest	Requester's Name		Daytime Phone #
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I hereby request a waiver or reduction in fees as provided in Section 4(1) of F.O.I.A. because I am indigent or receive public assistance. (Attach proof) I understand the DEQ may take 10 additional business days, if necessary, to fill my request due to the diverse locations or large volume of the material. I understant at if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explaining my right to appeal. I also understand that I may be charged with costs associated with this request. Signature of Requester (If available) Date Please submit this completed confirmation / request to: Waste Management Division MICHIGAN DEPARTMENT ENVIRONMENTAL QUALITY 120 W. Chapin Street Cadillac MI 49601 If you have any questions regarding this request, please contact: Division/Office Name WMD Cadillac District Office Telephone No. Area Code (231) 775 — 3960 ext 6203 Date this request was completed: FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY This section to be completed by the DEQ division/office employee fulfilling this request PCA AGENCY OBJECT BAST PCA AGENCY OBJECT PHASE PHASE	Williamsburg Received	y & Storage	file - flagged needed ingo-
I hereby request a waiver or reduction in fees as provided in Section 4(1) of F.O.I.A. because I am indigent or receive public assistance. (Attach proof) I understand the DEQ may take 10 additional business days, if necessary, to fill my request due to the diverse locations or large volume of the material. I understant at if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explaining my right to appeal. I also understand that I may be charged with costs associated with this request. Signature of Requester (If available) Date Please submit this completed confirmation / request to: Waste Management Division MICHIGAN DEPARTMENT ENVIRONMENTAL QUALITY 120 W. Chapin Street Cadillac MI 49601 If you have any questions regarding this request, please contact: Division/Office Name WMD Cadillac District Office Telephone No. Area Code (231) 775 — 3960 ext 6203 Date this request was completed: FOR DEPARTMENT OF ENVIRONMENTAL QUALITY USE ONLY This section to be completed by the DEQ division/office employee fulfilling this request PCA AGENCY OBJECT BAST PCA AGENCY OBJECT PHASE PHASE	10190 Munro R	d.	Made copies a
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This section to be completed by the DEQ division/office employee fulfilling this request Detail of Charges	Cadillac MI 49601 If you have any questions regarding this reques Division/Office Name WMD DEQ Employee Name		Unit Cadillac District Office Telephone No.
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